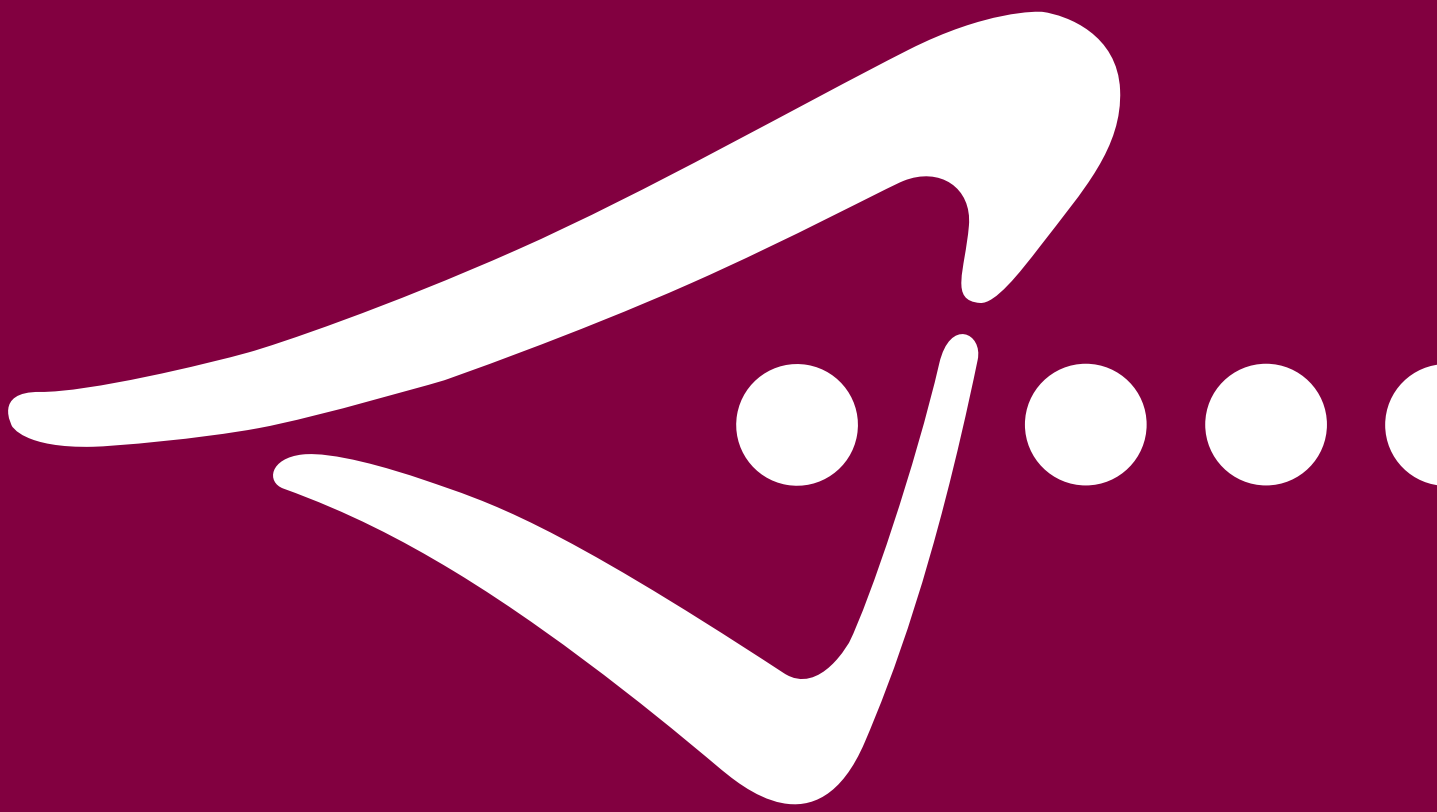
LVSIG 2005

National Evaluation Report



LVSIG Low Vision Services Implementation Group

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1.0 Background to the Report

Previous research has indicated that low vision services in the UK are fragmented, difficult to access and not meeting people's needs (Culham and Ryan 1999, 2002). This research provided evidence to support the concerns of many people working in the field of low vision about both the quantity and quality of services. In particular UK services appeared to be lagging behind European and North American agencies in their commitment to integrated and user centred services.

In response to this growing concern a 'Consensus Conference' was held, chaired by Lord Jenkin in March 1998. Both professionals and service users had the opportunity to share problems, suggest solutions and discuss various aspects of low vision practice. Following the conference, a working group was appointed: The Low Vision Services Consensus Group. It was given the task of producing, within a year, a set of recommendations. The group was made up of representatives of service users, professionals, voluntary organisations, statutory services and the Department of Health.

The Low Vision Services Consensus Group reported in 1999. It confirmed the conclusions of previous research and identified specific problems as the:

- Fragmentation of services
- Lack of multi-disciplinary and multi-professional working
- Inadequate communication between those providing services
- Wide disparity in the quantity and quality of services between different parts of the country
- Lack of information for those who would benefit from the services
- Lack of UK–based research about effective interventions.

To address these problems the report set out a definition of common standards and services and recommended that these standards be implemented through the creation of local Low Vision Services Committees (LVSCs). Although

not prescriptive, the intention was that the Committees would take the standards and use them as a basis to create low vision services that would meet the needs of people with low vision. To achieve real service effectiveness, it was a particular concern of the Consensus Group that users should be consulted and involved in setting them up as well as in decisions about their subsequent development.

As a result of these recommendations a national steering group was set up to oversee the development of a network of LVSCs. This was in effect the successor of the Low Vision Services Consensus Group. The national steering group has 35 members made up of representatives of service users, professionals, voluntary organisations, statutory services and the Department of Health and meets quarterly. In September 2000 the steering group appointed an Implementation Officer (Mary Bairstow) to facilitate the setting up of the LVSCs and to provide advice to existing Committees on funding, appropriate membership and activities. She was also to co-ordinate the production of a national newsletter and organise an annual conference.

The project was initially funded by Department of Health Section 64 funding with co-funding contributions from the RNIB, Guide Dogs for the Blind and Action for Blind People. However, since September 2003 it has been solely funded by a wider group of charities that include Age Concern and the Macular Disease Society.

As of December 2004, 66 Low Vision Services Committees have been set up across England. All of these have service user representation and aim to bring together health, social care, education and other relevant voluntary sector groups. They aim to:

- provide integrated services
- inform people about the services and involve them in the planning
- evaluate and monitor the standard of service provided.

The groups generally meet on a quarterly basis. The size of the groups varies considerably from as low as 8 members

to over 30. However, responses from the survey carried out for this evaluation indicate that a regular attendance of around 10 people is typical, of which 2 are usually service users. The groups have no income and each group has to self fund its activities.

1.1 Social Policy Context

The period since the setting up of the project has been one of considerable change, particularly in health care. Since April 2002 Primary Care Trusts (PCTs) have taken control of local health care, while 28 new Strategic Health Authorities now monitor performance and standards. These changes and the subsequent impact on service delivery and funding are something that both staff within the NHS and LVSCs have had to grapple with. The new PCTs have undoubtedly been faced with a large number of issues competing for their attention. The short term effect of this may have been to make it more difficult for LVSCs to raise the profile of low vision services within primary care. However, the national steering group for the Project has taken steps to secure the commitment of PCTs to support their local LVSCs.

The Department of Health has recently set up its own National Eye Care Services Steering Group. This includes representation from service users in the form of two people from the RNIB and one from Vision 2020. The Group published its first report in May 2004, which included a number of recommendations relating to service delivery, funding, regulatory issues and key outcomes. It also outlined proposals for new eye care pathways for the most common eye conditions – glaucoma, cataract, age related macular degeneration and low vision, for implementation following a pilot stage. The aims of the pathways are to provide a user centred service with reductions in the number of stages service users have to pass through in order to access services. Funding has been provided to enable the pathways to be piloted and evaluated over a two year period. Of the eight pilot sites, four are piloting the low vision pathway. After this PCTs of the pilot sites have committed to pick up the funding for these pilots if they have been shown to be

successful. Currently LVSCs are actively involved in the implementation of three of these four low vision pilots.

2.0 Aims of the Evaluation

The main aim of the evaluation has been to make an assessment of how much progress has been made since the launch in 1999 of the report of the Low Vision Services Consensus Group. In particular the evaluation has focused on:

- the role and activities of the LVSC in terms of the development of new services
- the improvement of current services
- the role of service users and the development of joint working.

However, the evaluation has not only focused on outcomes, but also on the process of developing LVSCs within a changing environment of health and social care provision. The evaluation has therefore aimed also to identify from the LVSCs the

- factors facilitating their successful functioning
- barriers and constraints encountered
- strengths and areas for improvement.

3.0 Evaluation Design

The evaluation involved the use of multiple methods to access a variety of sources of information. These were as follows:

3.1 Document Review

- Analysis of policy documents.
- Analysis of minutes of meetings of the Steering Group and of selected LVSCs.

3.2 Interviews

- Group interview with the members of the Steering Group.
- Individual interview with the Implementation Officer.

3.3 Questionnaire

A questionnaire was designed with the Implementation Officer to collect information on the membership and activities of the LVSC, a copy of which is attached at Appendix 1. It was sent out to all 60 of the then existing committees. 37 surveys were returned, representing a 61% response rate. This is good for a postal survey.

3.4 In–Depth Study of Three Regions

Three regions were selected for in-depth study – the West Midlands, London and the South West. These areas were selected because it was felt that they would provide a sufficiently broad picture of the experiences and work of the LVSCs.

In each of the three regions, two workshops were set up and facilitated using participatory techniques such as diagramming and visualisation to allow for reflection on the process and outcomes of the LVSCs. The workshops aimed to promote dialogue between different LVSCs and the different groups within them. The Implementation Officer was involved in planning and running these. In total 6 regional workshops took place. On average eight people attended each workshop, representing a broad range of the people involved in the LVSCs. Where appropriate these regional workshops have been followed up by individual and group interviews.

An additional workshop with the newly-formed national sub–committee for children and young people with low vision was held.

4.0 Findings of the Evaluation

The evaluation has raised a number of issues, regarding both the strengths and weaknesses of the project and possible areas for improvement. These are discussed below and recommendations made as appropriate. Work on implementing some of these has already begun.

4.1 Structure and Functioning of the Committees

The project publishes a quarterly newsletter, “Bold View”, and organises an annual conference. However, the main link between the Steering Group and the LVSCs is the Implementation Officer. She has been involved in both the setting up of committees and in providing ongoing support. As a result she has good links with a number of the committees.

There is general acknowledgement that the Implementation Officer has played a key role in developing the LVSCs. Without her work it is doubtful that the committee structure would have developed as rapidly as it has. However, it is also clear that as the number of committees has grown, it has become increasingly difficult for one person to co-ordinate and remain in contact with the LVSCs. These difficulties are compounded by the fact that information received by local LVSCs from the Implementation Officer is not always circulated to the wider membership; for example, the questionnaire responses indicate that only 22% of committees distribute “Bold View” to their members.

During the regional workshops it became clear that some LVSCs lack clarity about their purpose (despite the clear remit given in the 1999 Report). Others feel isolated, or they lack the knowledge to access funding or to effect change. Some committees have attempted to deal with these problems by developing links with neighbouring committees, for example regularly exchanging minutes of meetings.

However, overall there appears to be a need to develop mechanisms that facilitate better communication between

LVSCs. This will allow LVSCs that are facing difficulties to benefit from the good practice and experience of the more successful committees and help create a stronger sense of community and of a national network of LVSCs. The importance of developing mechanisms to allow this to happen is further highlighted by the fact that the Implementation Officer's post is currently funded only until September 2005. It is therefore important that LVSCs are able to turn to one another when looking for support to deal with a problem.

Increasing communication and sharing of good practice could be achieved in a number of ways:

- The setting up of a LVSCs website with appropriate news and information e.g. papers, useful articles and information on funding opportunities. The site could also provide an important discussion forum for the LVSCs.
- The twinning of LVSCs to facilitate communication and the sharing of good practice.
- The holding of annual regional events or workshops to bring together members of different LVSCs to share experiences and exchange ideas.

4.2 Service User Involvement

One of the key aims set out for the LVSCs was to promote service user involvement. All the LVSCs have members who are service users and there is evidence that they have been successful in promoting interest amongst service providers in the needs of people with low vision. A frequently reported strength of the LVSCs is the opportunity that they provide to work jointly with service users and different service providers to plan and develop services.

The survey results indicate that 71% of LVSCs feel able either to agree, or strongly agree with the view that their local committee has improved service user involvement in the services they receive. Discussions at regional workshops also indicate that service users bring home the 'reality' of low vision services to local service providers. This can influence professional thinking about service delivery and help identify problems not previously recognised as such

by service providers. However, LVSCs can act as a vehicle to express service users' views only if they, themselves have strong service user involvement. The survey therefore asked LVSCs to indicate what methods they have used to improve service user involvement in their work. Some of the most frequent include:

- Ensuring that information is passed on to service users in an accessible format (81%)
- Developing links with local service user groups (78%)
- Involving service users in the mapping of services (78%)
- Involving service users in planning local services (68%).

Despite this, discussions in the regional workshops indicated that the models of user involvement employed in the LVSCs differ widely. Within some LVSCs service users appear to have played a quite passive role, others have developed a model of shared decision making between service users and professionals, while a number have developed a more service user driven approach.

A lack of active service user involvement can also be compounded by the fact that many service users do not know what they can expect from service providers, have low expectations of these services and lack the confidence to challenge service providers. Again some LVSCs have attempted to deal with this problem. Suggestions included developing:

- a pack of information to raise service users' awareness and expectations of service provision
- an induction pack that provides guidance on the role of service users in LVSCs
- a service user sub-group that allows service users to debate and clarify issues before meeting with professionals in the main LVSC.

The last approach has a number of advantages. Not only does it provide peer support and put service users in a better position to question service providers, it can also facilitate the involvement of a wider group of service users, not all of whom may attend the main LVSC. It can therefore

help to ensure that the views expressed in the main committee are representative of a wider range of opinions. The sub-group can also develop methods of consulting more widely with service users outside the LVSC.

The above difficulties are further compounded by the fact that the term “low vision” covers a very broad range of people and problems. The LVSCs have, perhaps understandably, tended to focus on the needs of adults. This has resulted, in some cases, in the relative neglect of the specialist needs of younger people. Similar comments could be made about the needs of people with multiple impairments and those from ethnic minorities, who may have very specific service requirements.

For example, the onset of sight loss raises specific practical and psychological problems for those who have already experienced some form of sensory impairment, such as hearing loss. However, only 27% of LVSCs felt able to agree or strongly agree that they had been able to improve services for people with specific specialist needs. In some instances service users themselves are not appreciative of the needs of people with special needs or from ethnic minority backgrounds. Managing these potential conflicts and arriving at a consensus can be difficult. It is important, however, that the LVSCs represent as wide a group of service users as possible. Some LVSCs have dealt with these problems in a number of ways; for example Kensington and Chelsea and Westminster have developed sub–groups to deal with specific issues. These are:

- Children’s services
- Equipment and Training
- Referrals and Assessment
- Emotional Support.

Each sub-group meets 4 times a year and has developed a work plan. Each sub-group feeds back to the main LVSC and the achievements of each group are reviewed annually. Members of the sub-groups are not drawn solely from the main LVSC, but are co-opted from a much wider network of people.

Other suggestions include:

- Actively inviting people to join who have an interest in a specific issue.
- Having a key person to deal with specific issues.
- Creating a slot on the agenda to address specific needs, for example children's issues.

There is, therefore, scope to build on the progress already made to further to improve service user involvement. The type of solutions discussed above could be facilitated nationally by the setting up of national sub-committees to develop guidance on specific issues, along the lines of the newly created sub-committee for children and young people with low vision. These could look at issues such as developing a service user involvement strategy or providing advice on working with PCTs and may be temporary or permanent as required. The guidance produced would supplement that already given to the LVSCs by the 1999 Report of the Low Vision Services Consensus Group and could be further developed over time as necessary.

Overall a key strength of the LVSCs in relation to the NHS and Social Services is the potential that they have demonstrated to provide an effective mechanism via which these agencies can consult with this group of service users and service users can bring positive pressure to bear on service providers. In this respect it is worth noting that LVSCs are actively involved in the implementation of 3 out of the 4 new Low Vision Eye Care Pathway Pilot Schemes. Members of the Merton and Sutton LVSC report that one of the main advantages of LVSC involvement in their pilot has been that they provide a ready made forum which brings together service users, statutory services and the voluntary sector. This is something that might otherwise have taken considerable time and effort to organise.

4.3 Promoting Multi–agency Working

The LVSCs operate within widely differing environments and have therefore to confront very different problems when promoting multi-agency working. For example, in

London, PCTs and Social Services Departments are co-terminous, which contrasts with Shire Counties where one social service department may deal with half a dozen PCTs. In these circumstances, it is possible for one LVSC to encounter widely differing levels of commitment to improving low vision services from the different PCTs within its area. Furthermore in some areas there has been little or no previous tradition of multi-agency working in low vision services. The problems faced by different LVSCs in getting social service departments, PCTs and the independent sector to work together may therefore differ greatly.

Discussions at regional workshops have also highlighted a number of common barriers to multi-disciplinary working. These include:

- Postcode variability
- Poor awareness of voluntary sector provision within hospital based services
- Poor awareness of rehabilitation and community provisionwithin hospital based services
- Poor communication between services
- Difficulty of changing ingrained ways of working among professional groups
- Professions may only work within their own disciplines
- Overlapping service provision or demarcation problems
- Conflicting definitions of ‘need’ and ‘risk’ between services
- Difficulties in changing or modifying working practices
- Funding issues
- Too many separate departments with their own agendas.

Despite these problems there is a general acknowledgement of the keenness of people involved with the LVSCs to improve low vision services. Discussions in regional workshops highlighted the role that LVSCs can have in developing new networks, providing a regular meeting point for different professionals and undermining ‘inter-institutional suspicion’. Members of LVSCs report that they provide an important forum for promoting multi-disciplinary working.

As one interviewee put it:

“The biggest success of LVSCs is that they are making people talk to each other.”

This comment is supported by the survey results. 78% of respondents agree or strongly agree that they have good working relationships with local service providers, while 70% agree or strongly agree that they have been able to work with service providers to improve low vision services. A majority of committees responding to the survey indicate that they are actively working with one or more of the following service providers:

- Social Services (92%)
- PCTs (70%)
- Hospital Services (86%)
- The Voluntary Sector (70%)
- Education Services (51%).

Most frequently this is in the role of joint planning of services (84%) or as representatives of service users (78%). The final question in the survey asks people to list 3 strengths and 3 areas for improvement in their LVSC. The most commonly reported strength relates to the range of expertise brought together by the committees, the networking opportunities created, and the ability to work jointly with service users to plan services.

Interestingly the most frequently listed area for improvement is also the need to improve both service user and service provider involvement. This perhaps reflects both an acknowledgement of what has been achieved and recognition of the work that still needs to be done.

It is also interesting to note that the LVSCs report a significantly higher level of active involvement from social services (92%) as opposed to any other service provider. This discrepancy was also picked up at regional workshops. There may be a number of reasons for this. However, one issue may be that the Association of Directors of Social Services produced a report, “Progress in sight” (October

2002) which sets out 16 national standards of social care for adults with visual impairments and a recommendation to set up a “local planning committee of service users and representatives from a wide range of local agencies to co-ordinate low vision services.” (p. 20). Members of LVSCs frequently expressed a feeling that PCTs had yet to give adequate emphasis to low vision services.

Despite these difficulties, progress has been made. As one interviewee put it:

“I do think because of the inception of the LVSCs the words ‘Low Vision’ are more prominent than they’ve been previously or would have been previously, if the committees hadn’t been there, and I do think that that’s a step forward.”

Examples of how LVSCs have acted as an important vehicle to promote multi-disciplinary working and better communication between service providers and a conduit for sharing knowledge include:

- Service providers giving presentations on their services.
- Organisations giving clarification on their procedures, e.g. the registration process.
- Providing an opportunity to examine different agencies’ roles and the problems they face when attempting to meet service users’ needs.

All of the above give members of LVSCs a better understanding of the constraints within which various service providers operate and the obstacles that have to be overcome if low vision services are to be improved. Developing a clearer understanding of the differing roles that people play is essential if the LVSC is to make best use of the skills and knowledge of its members.

However, managing the potentially conflicting groups within a LVSC can be very difficult. Ensuring that service users are adequately involved, especially where the format of the

meeting might require special modifications to ensure this happens, or promoting multi-disciplinary working where service providers come to meetings with different expectations, styles, traditions and language, can be very demanding. Dealing with potential conflicts, both between service users and providers and also between different service providers and different groups of service users, can also be very difficult. In these circumstances achieving consensus and implementing a plan of action is easier said than done.

The role of the chair of the LVSC can be vital in this. Key to this appears to be the establishment of a shared language and aims. However, these pressures can lead to some LVSC chairs feeling isolated and demotivated.

Possible ways of dealing with these problems include developing a network of LVSC chairs. This would facilitate the sharing of experience and good practice and could act as a forum for discussing new ideas. A chairs' forum could be included as a feature of an LVSC website. The development of a pack of information which provides guidance on the role of chairs in LVSCs, would be useful.

Although creating opportunities for sharing information and networking are an important benefit of LVSCs, these are not ends in themselves. One of the fears voiced at the commencement of the project was that the committees might degenerate into 'talking shops'. The evaluation has indicated that this is a potential danger, particularly where, through lack or funding or influence, LVSCs are not able to implement the changes they would like.

However, the questionnaire responses suggest that this has not happened in the majority of cases. 79% of LVSCs agree or strongly agree that their LVSC has been able to promote the development of services to meet local need, while 70% of committees either agree or strongly agree that they have been able to work with service providers to improve low vision services. In many cases these service improvements may not be on a large scale as we shall see

later in this section, but can often have an important impact on the quality of service users' experiences.

Working to improve services, however, does not automatically result in improvements for service users.

While 70% of LVSCs indicate that they have been involved in improving the dissemination of information about local services to the community, only 55% of LVSCs either agree or strongly agree that they have actually been able to improve communication with service users about the services they receive. Part of the problem appears to be that LVSCs can spend a lot of time working on a project only to find that service providers locally do not take it up. This is related to the fact that many LVSCs experience significant difficulty in getting the appropriate level of involvement from service providers, particularly at commissioning level.

The final question in the survey asks people to list 3 areas for improvement in their LVSC. One of the most commonly reported weaknesses relates to accessing funding and putting plans into action. 76% of LVSCs report that accessing funding is the main barrier to improving services. 46% indicated that influencing the planning process is a major problem when attempting to improve services and 41% reported that implementing a joint plan of action with service providers is another. These difficulties can lead to feelings of frustration and disillusionment in some LVSCs, as the hoped for progress is not achieved, despite the good intentions of those involved. It is when this happens that LVSCs are most likely to degenerate into 'talking shops'. This state of affairs is also damaging to service user involvement, particularly if the LVSC is seen to be engaged in endless consultations, but unable to bring about the desired changes in services.

However, there is also evidence that some LVSCs have been more successful than others in engaging key stakeholders. 24% of LVSCs report that they have been able to access funding via PCTs and 30% indicate that they have been able to do this via Social Services Departments. While these figures are low they demonstrate that there is

the potential for other LVSCs to learn from these experiences. Some LVSCs have attempted to deal with these problems in the following ways:

- Ensuring that proposals have multi agency involvement, thus making them harder to ignore
- Developing clearer reporting pathways to relevant organisations in an effort to raise the profile of the LVSC and improve communication.

It is important that the work of the LVSCs is reported back to the organisations that are represented on the committee. The regional workshop discussions indicate that many of the LVSCs lack any clear routes for reporting their work. Developing clearer reporting structures to local service providers will help raise both the profile of low vision services and increase the impact of the work of the LVSC locally with service providers. Often the ability to engage with key stakeholders is facilitated by the presence of a key individual who is in a position to act as a catalyst to bring about change. However, this is only likely to be successful if it is met with a positive response from service providers, something that, as we have seen, is not always forthcoming.

4.4 Improving Services

When evaluating this aspect of the work of LVSCs it is important to bear in mind that LVSCs do not have any funding of their own, administrative support or means by which to force improvements in services. They can merely identify problems and advise/lobby service providers on what needs to be done to improve low vision services. Despite these limitations, the evidence collected for the evaluation indicates that LVSCs have been involved in improving services in a wide range of ways. These improvements need not be on a large scale. For example, one LVSC was able to ensure that all local GPs sent out letters about the flu vaccination this winter in point 14 font. The survey indicates that the following are common examples of service improvements:

- Improving the dissemination of information about local services to the community (70%)
- Working on the new integrated registration system (Letter of Vision Impairment/Certificate of Vision Impairment) (70%)
- Developing links with optometrists based in primary care (65%).

These types of changes can be important to improving the quality of the services that people use, but what of the large scale changes that might be required to bring about the sort of 'gold-standard' comprehensive services, aimed for in the Low Vision Report?

In this particular area funding has obviously been a key issue for the LVSCs. 76% of LVSCs report that this has been the main difficulty they face in improving services. Bringing people and money together at the right time and place can be a difficult task. However, some committees appear to be more advanced than others in their knowledge of the potential sources of funding and understanding of how to access them. One of the main potential sources of such funding is from local PCTs. However, lack of knowledge about the bidding process or how to input into PCT local development plans can result in LVSCs missing out. Only 24% of LVSCs have indicated that they have been able to access funding from this source. This is more likely to happen where PCTs or Strategic Health Authorities are not represented on the LVSC. However, there are examples of PCTs and LVSCs working together to access money to fund new services.

Again there is the opportunity for LVSCs to learn from one another. Merton and Sutton LVSC report that being able to access funding via one of the National Eye Care Services Steering Group Pilot Projects has helped rejuvenate their group. However, it is evident that guidance needs to be made available to LVSCs on how to access various sources of funding. For example LVSCs need to have a better understanding of PCT funding procedures and ways of working. Nationally produced documents that assist in this process will help both LVSCs and PCTs in promoting low vision services.

5.0 Concluding Remarks

There is evidence that the LVSCs have made significant progress since their inception in 1999. They face a number of significant challenges, not least of which is engaging with key stakeholders such as PCTs and widening their base of service user involvement. Nevertheless the evidence collected for this evaluation suggests that a key strength of the LVSCs is the potential that they have to provide a mechanism via which consultations with service users can take place and through which service providers can develop links with one another. However, a significant commitment from local and national statutory services is also needed if this progress is to be continued.

6.0 Summary of Recommendations

A summary of the recommendations in this report is given below.

6.1 Promoting Communication and Good Practice

To improve communication in the sharing of good practice we suggest:

- The setting up of a LVSCs website with appropriate news and information e.g. papers, useful articles and information on funding opportunities. The site could also provide an important discussion forum for the LVSCs
- The twinning of LVSCs to facilitate communication and the sharing of good practice
- The holding of annual regional events or workshops to bring together members of different LVSCs to share experiences and exchange ideas.

6.2 Service User Involvement

To further promote service user involvement we suggest:

- The development of a pack of information to raise service users' awareness and expectations of service provision

- The development of an induction pack that provides guidance on the role of service users in LVSCs
- The use of service user sub-groups that allow service users to debate and clarify issues before meeting with professionals in the main LVSC.

6.3 Dealing with Specialist Needs

LVSCs should be encouraged to develop appropriate strategies aimed at meeting the needs of groups with specialist needs. These strategies could include:

- Actively inviting people to join who have an interest in a specific issue
- Having a key person to deal with specific issues
- Creating a slot on the agenda to address specific needs, for example children's issues
- Creating a sub-group to deal with a specific issue.

The development of these strategies could be facilitated nationally by the setting up of national sub–committees to develop guidance on specific issues, along the lines of the newly created sub–committee for children and young people with low vision and may be temporary or permanent as required.

6.4 Multi–agency Working

One of the key strengths of LVSCs is their ability to bring service users and different service providers together. However, we suggest that this process could be further facilitated by

- Developing a network of LVSC chairs'. This would facilitate the sharing of experience and good practice and could act as a forum for discussing new ideas. A chair's forum could be included as a feature of a LVSC website
- The development of a pack of information which provides guidance on the role of chairs in LVSCs
- Guidance on developing clearer reporting pathways to relevant organisations in an effort to raise the profile of the LVSC and improve communication.

6.5 Improving Services

A major barrier to progress in this area is accessing funding. We therefore suggest that guidance be made available to LVSCs on how to access various sources of funding. This guidance could include information on:

- PCT funding procedures and local development plans
- Developing multi-agency service proposals.

Nationally produced guidelines that assist in this process will help both LVSCs and service providers in promoting low vision services.

Acknowledgements

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Appendix A – Sample Questionnaire

Low Vision Services Committee Survey

The following questions have been designed to learn from you about the roles and activities of the Low Vision Services Committees throughout England. The results will be fed back to you in order for you to continue to improve services for people with low vision. Your responses will be kept anonymous.

Please provide written comments or tick the relevant boxes as appropriate.

Name of Committee: _____

Section A: General Information

In this section we ask you some questions about the history and background of your committee.

1. How long has your Committee existed?

_____

2. How many times a year does it meet?

_____

3. Do you think it should meet more often? If yes, how often?

_____

4. Do you think it should meet less often? If yes, how often?

_____

5. How many people are on your Committee?

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6. How many Committee Members attend regularly i.e. more than 50% of the meetings?

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7. How many Committee Members are service users?

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8. How many service users attend regularly i.e. more than 50% of the meetings?

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9. Do you think the membership should be in any way different? If yes, in what way?

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10. How many Committee Members attended the last Low Vision Conference held in Sheffield in May 2004?

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11. Do you distribute the national newsletter to your Committee Members?

Section B: Improving Service User Involvement

In this section we ask you about involving people who have a visual impairment and people who use low vision services in your work.

1. Has your committee been able to improve service user involvement in any of the following ways? (tick all that apply)

A) Developing links with local service user groups . . . . . ☐

B) Developing links with national service user groups . . . ☐

C) Increasing service user representation on the committee . . . . . ☐

D) Improving representation from service users with specialist needs . . . . . ☐

E) Inviting people form local groups to speak at your committee . . . . . ☐

F) Providing support to invited speakers . . . . . ☐

G) Organising consultation workshops with groups of service users . . . . . ☐

H) Involving service users in mapping local services . . . . ☐

I) Involving service users in planning local services . . . . ☐

J) Ensuring that all materials used at meetings are in an accessible format (e.g. large print) . . . . . ☐

K) Other (Please specify) . . . . . ☐

2. How far would you agree that your committee has improved service user involvement in the services they receive

A) Strongly Agree . . . . . ☐

B) Agree . . . . . ☐

C) Neither Agree nor Disagree . . . . . ☐

D) Disagree . . . . . ☐

E) Strongly Disagree . . . . . ☐

3. Which of the following forms of communication do you use when passing on information to people with a visual impairment? (tick all that apply)

A) Large print documents . . . . . ☐

B) Braille . . . . . ☐

C) Tapes . . . . . ☐

D) Electronically (e.g. via email or disk) . . . . . ☐

E) Other (Please specify) . . . . . ☐

4. How far would you agree that your committee has improved communication with service users about the services they receive

A) Strongly Agree . . . . . ☐

B) Agree . . . . . ☐

C) Neither Agree nor Disagree . . . . . ☐

D) Disagree . . . . . ☐

E) Strongly Disagree . . . . . ☐

Section C: Working with Service Providers

In this section we ask you about your work with organisations that provide services to people with low vision.

1. Which of the following service providers are represented on your committee? (tick all that apply)

A) Social Services Department . . . . . ☐

B) Primary Care Trust (PCT) . . . . . ☐

C) Hospital Based Services . . . . . ☐

D) Agencies working with older people (people over 65) . ☐

E) Agencies working with young people (people under 18) . . . . . ☐

F) Education Services . . . . . ☐

G) Voluntary Sector (Please specify) . . . . . ☐

H) Other Service Providers (Please specify) . . . . . ☐

2. Which of the following service providers is your committee actively working with? (tick all that apply)

A) Social Services Dept. . . . . ☐

B) Primary Care Trust . . . . . ☐

C) Hospital Based Services . . . . . ☐

D) Agencies working with older people (over 65) . . . . . ☐

E) Agencies working with young people (under 18) . . . . . ☐

F) Education Services . . . . . ☐

G) Voluntary Sector (Please specify) . . . . . ☐

H) Other Service Providers (Please specify) . . . . . ☐

3. In what ways have you been working with these service providers? (tick all that apply)

A) As commissioners of services . . . . . ☐

B) As joint planners of services . . . . . ☐

C) As representatives of service users . . . . . ☐

D) Other (Please specify) . . . . . ☐

_____

_____

4. How far would you agree that your local committee has established good working relationships with local service providers

A) Strongly Agree . . . . . ☐

B) Agree . . . . . ☐

C) Neither Agree nor Disagree . . . . . ☐

D) Disagree . . . . . ☐

E) Strongly Disagree . . . . . ☐

5. How far would you agree that your local committee has been able to work with service providers to improve low vision services

A) Strongly Agree . . . . . ☐

B) Agree . . . . . ☐

C) Neither Agree nor Disagree . . . . . ☐

D) Disagree . . . . . ☐

E) Strongly Disagree . . . . . ☐

Section D: Improving Services

In this section we ask you about the work of the Committee to improve services for people with low vision.

1. Has your committee been involved in improving services in any of the following ways? (tick all that apply)

A) The expansion of an existing service . . . . . ☐

B) The creation of new services . . . . . ☐

C) Improvement in the dissemination of information about the local services to community . . . . . ☐

D) The promotion of services for specialist groups, e.g. people with multiple-impairments or people from minority ethnic groups? . . . . . ☐

E) Improving co-ordination between health and social services e.g. via the appointment of a service co-ordinator . . . . . ☐

F) The development of low vision passports (patient–held records) . . . . . ☐

G) Working on the new integrated registration system (Letter of Vision Impairment/Certificate of Vision Impairment LVI/CVI) . . . . . ☐

H) Improving physical accessibility . . . . . ☐

I) Developing rehabilitation services . . . . . ☐

J) Developing links with optometrists based in primary care . . . . . ☐

K) Developing links with dispensing opticians based in primary care . . . . . ☐

L) Other (Please specify) . . . . . ☐

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2. Have you been able to access any of the following funding sources? (tick all that apply)

A) Primary Care Trusts . . . . . ☐

B) Social Services Departments . . . . . ☐

C) Lottery Funding . . . . . ☐

D) Voluntary Sector . . . . . ☐

E) General Ophthalmic Services Funding . . . . . ☐

F) Other? (Please Specify) . . . . . ☐

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3. How far would you agree that your committee has promoted the development of services to meet identified local needs

A) Strongly Agree . . . . . ☐

B) Agree . . . . . ☐

C) Neither Agree nor Disagree . . . . . ☐

D) Disagree . . . . . ☐

E) Strongly Disagree . . . . . ☐

4. Has your group been involved in improving services for people with specific specialist needs? (tick all that apply)

A) People with multiple impairment . . . . . ☐

B) Younger people (people under 18) . . . . . ☐

C) People from ethnic minorities . . . . . ☐

D) Working people . . . . . ☐

E) Older people (people 65 and over) . . . . . ☐

F) People with other sensory impairments . . . . . ☐

G) Other (Please specify) . . . . . ☐

_____

_____

5. How far would you agree that your committee has improved services for people with specific specialist needs

A) Strongly Agree . . . . . ☐

B) Agree . . . . . ☐

C) Neither Agree nor Disagree . . . . . ☐

D) Disagree . . . . . ☐

E) Strongly Disagree . . . . . ☐

6. What have been the main difficulties you have encountered in attempting to improve services? (tick all that apply)

A) Accessing funding . . . . . ☐

B) Influencing the planning of services . . . . . ☐

C) Making links with the relevant people/groups . . . . . ☐

D) Implementing a joint plan of action with other service providers . . . . . ☐

E) Other (Please specify) . . . . . ☐

_____

_____

What do you think are the three main strengths of the LVSC of which you are a member?

1.

_____

2.

_____

3.

_____

What do you think are the three main areas for improvement?

1.

_____

2.

3.

Please use the space below to make any other comments you would like to make about the work of the LVSC of which you are a member.

In the next phase of the evaluation, we would like to speak to Committees in more detail. Are you willing to be contacted for this purpose? Yes ☐ / No ☐

Many thanks for taking time to complete this questionnaire.

Please return it by September 30th to Andy Gibson, Research Fellow, Institute of Health, School of Health and Social Services, University of Warwick, Coventry, CV4 7AL. E–mail address: Andrew.J.Gibson@warwick.ac.uk.

If you have any concerns regarding this questionnaire please contact Andy Gibson at the above address or telephone 02476 572592 or 02476 523164.

Appendix B – Information Resources

Website details

Vision 2020 – Including access to the LV Group. www.vision2020uk.org.uk.

NatPact – direct link to the Optometric Competency on LV. www.natpact.nhs.uk/newcf/index.php?show=y&d=O&c=14.

More details about NatPact itself. www.natpact.nhs.uk.

Department of Health – with a direct link to Eye Care Steering Group information. www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCare Topics/Optical/OpticalDocumentsArticle/fs/en?CONTENT _ID=4079525&chk=P4YrBm.

Low Vision Specific Texts/reports

Low Vision Services – Recommendations on training in support of the low vision framework (available from Guide Dogs).

Current Low Vision Practice 2002 (available from the LVSIG office).

Framework for a multi–disciplinary approach to low vision ©The College of Optometrists 2001.

Ryan, B., and Culham, L. (1999) Fragmented Vision: Survey of low vision services in the UK. RNIB & Moorfields Eye Hospital NHS Trust.

Ryan, B., and McCloughan, L (1999) Our Better Vision: what people need from low vision services in the UK. London RNIB. ISBN: 18598782406

Practical aspects of Committee activity

The Bold Guide to setting up and running an LVSC – available from the LVSIG office.

RNIB See it right pack 2001.
How to make your information accessible to people with sight problems.

Visual Impairment, Health and Social Care issues

National Eye Care Services Steering Group – First Report 2003.

Progress in sight: National standards of social care for visually impaired adults ADSS.

Social Services Inspectorate. A Sharper Focus: inspection of services for adults who are visually impaired or blind. CI(98)8. 1998.

Wormald, R.P.L., Wright, L.A., et al. Visual problems in the elderly population and implications for services. BMJ 1992; 304: 1226 –1229.

National Service Framework for Older People, London 2001, Department of Health.

National Service Framework for Diabetes, London 2001, Department of Health.

NHS Executive, National Health Service Plan, London 2001.

National Service Framework for Children, Young People and Maternity Services London 2004, Department of Health.

Charter for Families of Young Children with Vision Impairments Oxford Brookes University.

Registered Blind and Partially Sighted People. Year Ending 31 March 2003. England Department of Health.

Early Support Family Pack DFES 2004.

RNIB, Borough Buildings, 58-72 John Bright St., Birmingham, B1 1BN
Tel: 0121 665 4248/9 Fax: 0121 665 4254